## PART B - FEE(S) TRANSMITTAL

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maintenance fee notifica		terwise in block 1, by (a	, .   .   .	•				
CURRENT CORRESPONDENCE ADDRESS (Note; Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
490	7590 04/15	90 04/15/2010						
VIDAS, ARRETT & STEINKRAUS, P.A. SUITE 400, 6640 SHADY OAK ROAD EDEN PRAIRIE, MN 55344				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
							(Depositor's name)	
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APPLICATION NO.	TION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/849,742	742 05/20/2004		John Jianhua Chen		S63.2-14129-US01 8570		8570	
TITLE OF INVENTION; MEDICAL DEVICES HAVING MULTIPLE LAYERS								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FBB DUE	PREV, PAID ISSU	E FEE TO	OTAL FEE(S) DUB	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$0 \$1810		07/15/2010	
EXAM	EXAMINER ART UNIT		CLASS-SUBCLASS	7				
AZPURU, CARLOS A		1615	424-497000	<del></del>				
<ol> <li>Change of correspondence address or indication of "Fcc Address" (37 CFR 1.363).</li> <li>☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> </ol>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  1 VIDAS, ARRETT & STEINKRAUS, P.A.					
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON T	THE PATENT (print or t	/pe)				
PLBASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIG		(B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Boston Scientific Scimed, Inc. Maple Grove, MN								
Please check the appropriate assignce category or categories (will not be printed on the patent): 🗆 Individual 🕱 Corporation or other private group entity 🗅 Government								
4a. The following fee(s):	are submitted:	. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)						
Issue Fee	lo small entity discount p	☐ A check is enclosed.  Payment by credit card. Form-PFO-2038_is.attached						
Advance Order - 7		The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).						
5. Change in Entity Status (from status indicated above)  \$\sum_{a}\$, Applicant claims SMALL BNTITY status. See 37 CFR 1.27.  \$\sum_{b}\$ b. Applicant is no longer claiming SMALL BNTITY status. See 37 CFR 1.27(g)(2).								
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if requeeords of the United Sta	nired) will not be accepte tes Patent and Trademark	d from anyone other than Office.	the applicant; a regi	stered attor	ney or agent; or th	e assignee or other party in	
Authorized Signature Date June 11, 2010								
Typed or printed name Lisa Ryan-Lindquist Registration No. 43071								
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.								